

therapy is frequently the treatment of choice in the management of the disruptive child in the classroom, or in the family. It is used extensively in special education classes.

The technique is inexpensive because the principles of social learning theory can be taught to the full range of mental health professionals and paraprofessionals. More importantly, simple programmed texts have been developed for those individuals who have maximum influence over the social and environmental contingencies of children, namely, their parents, teachers and peers.

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Genetics of Human Violence

AGGRESSION AND VIOLENCE have become center issues in our society. Suicide, homicide, assaults, racial conflicts, war, atomic destruction and genocide are but a few of the topics that now demand serious professional attention. Certain statistics help focus the problem: In 1967, someone was shot to death in the U.S.A. every 25 minutes and guns were involved in some way in the deaths of 21,000 civilians. Two drugs associated with violent acts are alcohol and the amphetamines. In a review of television programming six weeks after Robert Kennedy was assassinated, the following was observed: In 85½ hours of programming in prime evening hours and on Saturday morning, 84 killings were observed. The most violent hours of television were between 7:30 and 9 p.m. During that time, 26.7 million children between ages 2 and 17 were watching television. Certain researchers now feel they have demonstrated that television definitely influences the behavior of children.

Much research is currently being conducted into these complex areas. One of the most inter-

esting findings is that man and the European Brown rat are the only known species that engage in species-destructive behavior. Konrad Lorenz has developed a theory which may explain this peculiar and species-endangering activity. In a cross cultural study of homicide, the availability of firearms is directly correlated with the incidence of homicidal deaths.

Many of these findings are of specific use to physicians, psychiatrists, police, educators and penologists.

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Short Versus Long Hospital Treatment of Schizophrenia

DESPITE THE FACT that there have been no controlled studies of the relative effectiveness of short-term and long-term hospital treatment of schizophrenia, community resources have primarily been allocated to short-term treatment. We have recently set up the first controlled study to measure the relative effectiveness of these two treatment strategies by randomly assigning each of 130 patients into either short treatment or long treatment and using a fixed phenothiazine dosage regimen. Short treatment is defined as 21 to 28 days, long treatment as 90 to 210 days.

Short-term strategy focuses around crisis intervention and immediate reestablishment of "community support systems." Long-term intervention involves phenothiazine control, greater flexibility in terms of diagnosis and management, psychotherapeutic exploration of precipitants that caused hospitalization, rehabilitation and extensive discharge planning. Both in-hospital and post-hospital treatment are evaluated by blind raters.

The follow-up period is limited to two years, because it is felt that "washing-out" of independent variable occurs at that time. It is hoped

that predictor variables for schizophrenic patients can be identified so that the choice of hospital treatment will be a more rational decision.

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Encounter Groups

ENCOUNTER GROUPS may include labels such as "training groups" and "sensitivity groups." The background of the leader may vary from extensive training to nothing but previous group participation. Generally participants in these groups consider themselves normal, and hope for a "growth experience." The group methods used are potentially very powerful, in both beneficial and destructive ways.

Yalom and his co-workers made extensive studies of a group of university students assigned to encounter groups with leaders of differing backgrounds and styles.

"Casualties," defined as enduring significant negative outcomes which were caused by participation in the group, occurred in 16 subjects, a figure approaching 10 percent of the 170 who completed the course. A casualty was most likely to occur in persons of low self-esteem and unrealistically high expectations from the group experience. The highest risk leadership style was characterized by high stimulus input, charisma, intrusiveness, and focus on individual rather than group or interpersonal dynamics.

These group experiences may be gratifying, stimulating and even insight producing, but the potential for psychological damage must be carefully evaluated in each situation.

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Ultradian Rhythms and Behavior

SLEEP, as electrophysiologically measured, shows a striking temporal organization. There is an intrasleep cycle characterized by rhythmic alternation between rapid eye movement sleep and non-rapid eye movement sleep, with the length of the total cycle on the order of 100 minutes. Such fast frequency biological rhythms are designated "ultradian," in contrast to slower rhythms on the order of 24 hours which are termed "circadian."

Recent evidence suggests that an ultradian rhythm is also present during waking. Such rhythms have been detected in waking oral activity, performance on a signal detection task, and a number of psychological and physiological variables in subjects under sensory deprivation conditions. It may be that the prominent intrasleep cycle is only a reflection of a more general ultradian rhythm (the "basic rest-activity cycle") which continues throughout the 24 hours and which is of broad behavioral significance. Investigations into the temporal organization of behavior are of increasing interest, but the clinical relevance remains as yet unclear.

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Current Approaches to the Study of Suicide Prevention

PRESENT EMPHASIS IN STUDIES of suicide prevention is on the improvement of predictive scales, the development of more effective intervention techniques and evaluation of the impact of suicide prevention programs.